

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8206	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/26/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure clean linen storage areas were maintained under a relative positive air pressure. The findings include: Observation of the laundry on November 26, 2012 at 12:20 p.m. confirmed the clean linen storage room was at a strong negative pressure relative to the corridor. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.</p>		N 848	<p>1. The air vents were opened in the Clean Linen room resulting in positive air pressure. 11/26/12</p> <p>2. All rooms requiring positive or negative pressure were checked to ensure compliance. 11/26/12</p> <p>3. A log will be created and maintained and all rooms that require positive or negative pressure will be checked on a regular basis. Maintenance Dept, Dietary, Laundry and Housekeeping will be inserviced on the importance of keeping air vents in proper working position.</p> <p>4. Random audits will be done by the Maintenance Dept. to ensure compliance. Logs and inservices will be submitted to the Safety committee and presented to the QA&A Committee at the regular monthly meeting. Logs will be reviewed by QA&A X three months.</p>	1/13/13

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 1